

**Application Data Sheet****Application Information**

Application Number::

Filing Date::

Application Type::

**US National Phase**

Subject Matter::

**Utility**

Suggested Classification::

Suggested Group Art Unit::

Title::

**DEVICE FOR IMAGE PROCESSING WITH  
RECOGNITION AND SELECTION OF LIGHT  
SOURCES**

Attorney Docket Number::

**4590-393**

Request for Early Publication::

Request for Non-Publication::

Suggested Drawing Figure::

**4**

Total Drawing Sheets::

**3****Applicant Information**

Applicant Authority Type::

**Inventor**

Primary Citizenship Country::

**France**

Status::

Given Name::

**Olivier**

Middle Name::

Family Name::

**ROLS**

Name Suffix::

City of Residence::

**Pessac**

State or Province of Residence::

Country of Residence::

**France**

Street of Mailing Address::

**92 rue Jean de Lafontaine**

City of Mailing Address::

**Pessac**

Postal or Zip Code::

**33600**

Applicant Authority Type:: **Inventor**  
Primary Citizenship Country:: **France**  
Status::  
Given Name:: **Pierre-Albert**  
Middle Name::  
Family Name:: **BRETON**  
Name Suffix::  
City of Residence:: **Pessac**  
State or Province of Residence::  
Country of Residence:: **France**  
Street of Mailing Address:: **98 bis rue du Royaume-Uni**  
City of Mailing Address:: **Pessac**  
Postal or Zip Code:: **33600**

### **Correspondence Information**

Correspondence Customer No:: **33308**  
Phone Number:: **(703) 684-1111**  
Fax Number:: **(703) 518-5499**  
E-Mail Address::

### **Representative Information**

Representative Customer Number::  
**Representative Designation:: Registration Number:: Representative Name::**  
*Primary or Associate*

### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::

### **Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
<b>FR</b>	<b>0213540</b>	<b>October 29, 2002</b>	<b>Yes</b>
	<b>PCT/EP2003/050717</b>	<b>October 14, 2003</b>	<b>Yes</b>

### **Assignee Information**

Assignee Name:: **THALES**  
Street of Mailing Address:: **45 rue de Villiers**  
City of Mailing Address:: **Neuilly Sur Seine**  
State of Mailing Address::  
Country of Mailing Address:: **France**  
Postal or Zip Code:: **92200**